Practical Approaches to Implementing WHO Guidance for Neglected Tropical Disease (NTD) Programs in the Context of COVID-19:

**MASS DRUG ADMINISTRATION (MDA)**

Prepared by USAID’s Act to End NTDs | East and Act to End NTDs | West Programs
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If you have any feedback on this guidance document or recommendations for future versions, please email acteast@rti.org.

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LIST OF ABBREVIATIONS

ASCEND Accelerating Sustainable Control and Elimination of NTDs, East and West
COVID-19 Coronavirus Disease 2019 (SARS-CoV-2)
MDA Mass Drug Administration
NTD Neglected Tropical Disease
SOP Standard operating procedure
USAID United States Agency for International Development
WHO World Health Organization
Rationale and Background

Mass drug administration (MDA) involves administering medicines to community members for treatment of neglected tropical diseases (NTDs), including schistosomiasis, lymphatic filariasis, onchocerciasis, trachoma, and soil-transmitted helminths.

NTD programs distribute medicines to eligible populations using several delivery platforms. Primarily, the methods are:

- School-based distribution, typically targeting school-age children.
- Community-based distribution. This can be either door-to-door or household distribution; or it can take place centrally within the community (e.g., community center, place of worship, market, or home of a community leader or medicine distributor); or it can be a combination of the two.

During this unprecedented time of coronavirus disease 2019 (COVID-19), national program staff and implementing agencies must make adjustments to ensure safe programming. This resource document complements the World Health Organization’s (WHO’s) guidance for NTD programs released on July 27, 2020 as well as an aide memoire published on May 31, 2021 detailing WHO’s guidance for use of masks during community outreach activities.1, 2 It provides ideas and practical examples on operationalizing the guidance so that it can be applied to field activities.

This document is designed as a resource for national NTD programs as they develop their own country-specific standard operating procedures (SOPs), training materials, and supervision checklists to decrease the opportunity for COVID-19 transmission. Moreover, it can be adapted to align with country-specific contexts and environments.

The suggestions and examples presented in this document were led by in-country staff. They are based on lessons learned from experience with health ministry-led NTD programs supported by Act to End NTDs | East and Act to End NTDs | West. They also build on materials developed by health ministries and partners.

Coordination

Effective coordination with other programs and sectors, including COVID-19 task forces or their equivalent, will be very important to ensure coordinated messaging and responses.

1.1 Coordination with COVID-19 Response Teams

- Liaise with relevant COVID-19 task forces at all levels of program implementation. Where possible, NTD program managers should work with ministries to have NTD coordinator representation in national COVID-19 task forces.
- Advocate for provision of guidelines, protocols, and resources for safe implementation of health care services that include NTDs.

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• Tap into resources that might be of help during MDA implementation, such as provision of handwashing facilities, masks, human resources for monitoring implementation, and SOPs.
• Look for opportunities to promote COVID-19 testing at the local level. Can also coordinate with mobile COVID-19 laboratories to attend MDA activities.
• Where possible, allow COVID-19 focal points to provide an overview of correct COVID-19 protection measures during opportunities such as MDA or trachoma survey trainings.
• Where applicable, ensure MDA activities are being coordinated around COVID-19 vaccination efforts so as not to interfere.

1.2 Coordination Within Health Ministries
• Liaise with the relevant health authorities to ensure that suspected COVID-19 cases are referred to the appropriate structure during the planned NTD activity.
• Review recent experiences of working in the community with other public health programs, e.g., malaria and immunizations. What went well? What difficulties did they encounter? Consider reading other program documents, reviewing photos and videos from the field, and asking to join their WhatsApp group or equivalent; or, if time allows, observe their activities.
• Consider using similar COVID-19 messaging as other similar programs (e.g., malaria, WASH, immunization).
• Leverage existing committee meetings, such as those of the NTD Steering Committees to develop and adapt protocols, share experiences of implementation, and mobilize and train staff.
• Use NTD annual review and planning meetings at national, district, and subdistrict levels as well as other platforms managed by the health ministry, to share experience and best practices. Consider inviting guest speakers who can share their experience firsthand.
• Make use of health ministry protocols as well as updated information on COVID-19 cases and emerging clusters to determine whether the activity should move forward and what precautions to take given the current state of the pandemic in the country.

1.3 Coordination with Other Partners and Actors
• Involve partners, nongovernmental organizations, civil society organizations, community and opinion leaders, and international health agencies and donors.
• Involve local leaders (administrative, cultural, religious, etc.) to understand nuances of conducting activities in specific areas of the country and with different population groups. Enlist their support in promoting community understanding and acceptance of the pandemic and continuation of other health-related activities during the pandemic.
• Liaise and build synergy when necessary with the United Nations Office for the Coordination of Humanitarian Affairs and Office of the High Commissioner for Refugees, humanitarian workers, nongovernmental organizations, and other refugee and humanitarian response agencies to adequately address health needs of refugees and internally displaced persons.

MDA distribution teams will continue to need standard NTD-related training. This section addresses additional precautions to consider incorporating.
2.1 Virtual Training
Although not the norm, virtual training is the safest method of training during the pandemic, especially when trainers live somewhere other than the MDA location. Live, web-based training can be used where internet connection is good. Other options include sharing recorded trainings and frequently asked questions via a CD or USB and holding training via mobile application for those who have access to smartphone internet connection. Virtual training has not widely practiced for MDA, and some experimentation will be needed to find methods that ensure individuals are properly trained.

2.2 In-Person Training Venues

Additional Supply List
Any in-person training events will require the following extra supplies to prevent the spread of the COVID-19:

- Masks: trainers and trainees should wear medical masks during training
- Disinfectant for wiping surfaces (use sodium hypochlorite at 0.1%/1000 ppm)
- Handwashing water and soap or hand sanitizer (60%–80% alcohol)
- Disposable paper towels
- Dustbin
- Signs and symptom checklist for screening of all participants

Conducting Training

- The head trainer or a supervisor should screen (see Box 1) the trainers and trainees upon arrival to the training, for every day of training. Should someone have symptoms or exposure to risk, they should not participate in the training or drug delivery.
- Consider excluding from training, and subsequent MDA distribution, any persons who are at increased risk of COVID-19, including those over 60 years and those with pre-existing medical conditions. If included, they should wear a medical mask.
- Avoid (or minimize) delays between training and field implementation. Activities should start shortly after the training (preferably within a day) to avoid additional travel to and from the field, which provides additional opportunity for COVID-19 transmission. Therefore, have ready all materials (e.g., drugs, pamphlets, job aides), and additional COVID-19 precautionary items (i.e., masks, gloves, etc.) before commencing the training.
- Require trainers and trainees to wear masks and practice physical distancing.

Ensure that the training venue can accommodate everyone with 2 meters of physical distance between each participant. Consider creating a cross breeze by opening opposite windows and doors. Where available, place fans in room openings to circulate air in the training space. Consider spacing chairs out in advance or marking the floor to identify preferred seating placement.

• Make handwashing stations available at every training. Trainers should explain how and when to wash hands thoroughly, and all attendees should wash their hands upon arrival and wherever appropriate during the training (i.e., when touching a shared or frequently touched surface, when returning to the training venue from another location, and before and after eating or drinking).

• Eating should be avoided in the training room. During meals, to maintain physical distancing, serve food for each individual separately (rather than in a group).

• Disinfect equipment and surfaces at least twice a day.

Box 1. Conducting MDA in a COVID-19 context requires screening for signs and symptoms of the virus. This table presents information from WHO’s guidance on restart of mass treatment for NTDs during COVID-19 (item 3.6).

**COVID-19 SCREENING**

1. Symptoms suggestive of COVID-19:
   - Fever (if not measurable, consider self-check)
   - Visibly apparent symptoms such as cough, shortness of breath, nasal congestion, or red eyes

2. Exposure to risk:
   - Contacts of COVID-19 cases and of people with symptoms suggestive of COVID-19 (e.g., those living in [the] same household)
   - In the case of activities implemented in areas without known/suspected community transmission, also people coming from countries or areas with known/suspected community transmission of COVID-19 less than 14 days before may be added

3. If screening is positive:
   - Exclude the individual from the NTD activity in a manner that respects patient confidentiality.
   - Offer a medical mask.
   - Advise [individual(s)] to follow relevant national guidance on COVID-19.
   - Identify an isolation space or room at the activity site for people screening positive who cannot leave the site immediately.

2.3 Additional COVID-19 Curriculum

• All members of the MDA team should be trained on COVID-19 safety measures during the MDA training. Training should cover all aspects of the MDA being targeted in specific areas as well as training on how to protect themselves and their community against becoming infected with COVID-19.
  › Specific instructions should be given on how and when to wash or sanitize hands, wear a mask, practice physical distancing, report cases, and communicate to communities and households.
  › Participants should also be given the opportunity to practice these during training, e.g., by role playing.

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• Train drug distributor teams to identify the common signs and symptoms of COVID-19 and how to make referrals to the health care system if they identify a suspected case of COVID-19.
• Where feasible, consider inviting the COVID-19 focal point for the region/district to present this information during the training.

See Appendix A for training checklist.

3 DRUG DISTRIBUTION—PLANNING AND IMPLEMENTATION

3.1 MDA Preparation and Communication

In this new COVID-19 environment, there is increased need for preparation and higher demand for information, specifically—about the risk of COVID-19, on NTDs, and implementation changes to address this new reality. The rollout of health programs is also likely to be impacted at times by rumors, misinformation, and resistance from communities. Two-way communication practices with both listening and informing are required.

3.1.1 Communicating with Authorities at Regional and District Levels

MDA teams should consider...

• Obtaining approval beforehand from the local authorities. Inform them about the schedule and planning, and preferably designate local-authority roles for implementation, including supervision and crowd control. During planning, the number of persons in a team and the number of households to be covered in a day should be reevaluated to take into consideration these new measures, which could be more time consuming—especially if this is the first-time implementing MDA amidst COVID-19.
• Clearly explaining the objectives and rationale of the MDA to the authorities, as well as COVID-19 precautionary measures that will be undertaken during the MDA. Note the likely impact on resource requirements (e.g., more or larger venues and more human resources).
• Excluding people who have an increased risk of developing severe COVID-19 from fieldwork activities, including those with pre-existing medical conditions and those who are aged 60 years and older.
• Coordinating with local health staff and community health workers to convey messages on COVID-19 in line with local/national policies and regulations (e.g., on public health and social measures, on actions to take for suspected cases, and on contact with cases).
• Emphasizing the heightened chance of rumors and misinformation as long as COVID-19 remains a serious community threat that could negatively impact NTD activities. Discuss with authorities whether they are aware of any rumors that have been circulating and plan to address misinformation and rumors.
• Maintaining regular contact with their field base, understanding cultural issues, and being alert to political situations.

3.1.2 Communicating with the Community

Communicating and planning with the community before beginning fieldwork is important. As always, trusted local leaders should be included in planning several weeks before MDA is to begin. General communications on MDA (where and when it is to be held, why it is being done, eligibility criteria, contact persons, etc.) still need to be conveyed. Additional information on COVID-19, and on procedural changes during the MDA to reduce infection risk, will need to be incorporated into the messaging. Channels of communication will need to be reviewed to suit the current situation and to build trust with the message recipients.
At the start of the MDA, the team lead should liaise with the village authorities to appoint a guide who will accompany the team to the sampled households or who will attend fixed-point or school-based MDA. The village guide should be briefed about the core messages below and assist the team with communicating to participants. In addition, the village guide should be briefed on measures being undertaken by drug distributors and should observe the precautionary measures being undertaken using Appendix B.

Communicate any information obtained on suspected and/or new COVID-19 cases in the community where MDA activities are taking place per guidance of the COVID-19 task force (or equivalent). The NTD program and the local COVID-19 task force will make the decisions on whether to continue or stop MDA.

**Key communication messages to communities**

- Reiterate the health ministry’s health messages on COVID-19, including what it is, how it is transmitted, and what the most common symptoms are (see Box 1 above).
- Emphasize that these drugs are for NTDs and not COVID-19.
- Note that safety measures have been put in place to reduce the possibility of COVID-19 transmission.
- Community members aged 60 years and older and those with preexisting health conditions (including diabetes, high blood pressure, cancer, heart disease, cerebrovascular disease, chronic kidney disease, immunosuppression, chronic lung disease, and respiratory infections) are most at risk of developing severe COVID-19. Additional measures should be taken to reduce their exposure to potentially infected persons (including exclusion from the planned MDA activity).
- People with a higher risk of transmitting infection should not participate. This category includes anyone experiencing COVID-19 symptoms and persons in close contact with known COVID-19 cases (e.g., living in the same house). Depending on local guidelines, this restriction may include community members who have arrived in the past 14 days.
- Explain how the annual MDA will be different this year. The differences will vary according to activity, MDA strategy, and location. Examples include the following:
  - Maintain distance at all times. Community members should stay in their homes/compounds during the MDA; the drug distributors will go only to households selected for the MDA. Note that in some instances, it has proved difficult for teams to manage crowding from neighbors, especially children, who come to watch.
  - Where applicable, ask the households to provide water for themselves and for the drug distributors to wash hands.
  - If at all possible, conduct MDA outdoors.
  - Assure the community that all drug distributors will wear a medical mask (covering chin and nose) at all times. Rationalize the use of masks especially amidst negative perceptions of mask wearing.
  - Request participants to use face coverings per local guidance (see Box 2).
  - Request recipients to bring their own drinking cup and possibly drinking water.

**Modes of Communication**

NTD programs use various communication methods. During COVID-19, MDA communication methods should be carefully chosen to reduce unnecessary exposure to others.

**Recommended:** letters, small meetings, megaphone announcements, and radio and TV announcements

**To be avoided initially:** face-to-face communication with households and large gatherings.

* When communicating in person with community leaders and teachers, wear medical masks, and stand 2 meters apart. If a leader or teacher does not have a nonmedical mask, they should be given one.
Monitoring and responding to rumors and misinformation

Misinformation about the pandemic can be problematic. If not addressed, negative rumors could harm the quality of the MDA (e.g., causing inability to reach the target number of persons to treat). A system should be put in place to identify and manage rumors and misinformation before, during, and after completion of the MDA.

Monitoring:

- Prior to the MDA, discuss with authorities whether they are aware of any rumors that have been circulating and how such rumors should be addressed.
- Report any rumors related to COVID-19 during drug distribution to appropriate authorities in the community, including the COVID-19 task force and local health ministry authorities.
- Ensure there is a person at appropriate administrative levels to monitor the news media (including social media if relevant), analyze the findings, and disseminate timely information for necessary action to be taken.
- Listen to the community to better understand rumors and to empower the community to make informed choices.

Responding:

- Enlist trusted community members to help dispel rumors by providing factual information.
- Liaise with relevant persons and authorities on delivering proper messages to the community through media engagement prior to and during MDA, including COVID-19 messages.

**Box 2. Implications of WHO guidance on mask usage during MDA**

<table>
<thead>
<tr>
<th>WHO?</th>
<th>MASK GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All drug distributors</td>
<td>Symptoms suggestive of COVID-19</td>
</tr>
<tr>
<td>Community during house-to-house MDA</td>
<td>No Mask Required</td>
</tr>
<tr>
<td>Students and teachers during school MDA</td>
<td>If indoors in a poorly ventilated room, then teachers and students should wear non-medical masks</td>
</tr>
<tr>
<td></td>
<td>If outdoors, no mask required (adhere to physical distancing)</td>
</tr>
<tr>
<td>Community at fixed point MDA</td>
<td>Non-medical masks when not able to adhere to physical distancing</td>
</tr>
<tr>
<td>Anyone at higher risk</td>
<td>Medical mask (regardless of setting)</td>
</tr>
</tbody>
</table>

3.2 Household-Based MDA

Household MDA (i.e., door to door) is currently preferred to fixed-point MDA as physical distancing can be managed more easily (also refer to Exhibit 1).

Minimum additional materials

- Handwashing water provided by school (where this is not feasible, carry hand sanitizer [60%-80% alcohol])
- Soap
- Disinfectant for wiping surfaces and dose pole (use sodium hypochlorite at 0.1%/1000 ppm)
- Drinking water for taking medicines and drinking cups (both preferably provided by household)
- Clean plate/bowl/paper provided by household (for placing medication)
- Dose poles (these can be marked and used to measure distances, too)
- Chalk (for marking heights from dose pole)
- Disposable syrup cups for children when applicable
- Masks
- Checklist for COVID-19 signs and symptoms
3.2.1 Standard Protocol at the Start of the Activity

- Conduct distribution outside of each home because risk of COVID-19 transmission is much greater indoors.
- The drug distributor, upon arrival at a home, should introduce him/herself outside the door at a 2-meter distance and explain the purpose of the visit. In addition to routine messages given on NTDs, they should:
  - Note that the drug distributor and household members will remain 2 meters apart at all times.
  - Screen for COVID-19 cases (see Box 1).
- Young children should be supervised by other household members during the MDA to avoid being too close to the drug distributors and to stop them from following the team to next household.
  - One person on the team should be responsible for ensuring crowds are not gathering as the team moves from house to house.

3.2.2 Treatment of Adults and Children Able to Swallow Tablets

- The medicine distributor should call household members one by one to avoid crowding around the treatment area.
- The distributor should request that everybody in the household wash their hands with clean water and soap, and that they ensure a 2-meter distance between them and the distributor. The drug distributors should also wash their hands. Where water is in short supply, hand sanitizer can be used instead.
- If height measurements are taken with dose poles, these should be carried out with the household member facing away from the distributor, who can hold the pole while facing the back of the household member, deduce dosage, then step back to a 2-meter distance. Alternatively, dose poles can be propped up, e.g., against a table, chair, or wall. Another alternative is to give drug distributors chalk to mark the dosage heights on an outdoor wall or tree, using a dose pole as a guide.
- Try to maintain 2 meters of distance when dispensing medication. Household member can provide a clean bowl/plate/paper and place this on a table or chair between themselves and the drug distributor, then step back 2 meters. The distributor then steps forward and drops the tablets in the bowl/plate/paper. The distributor then steps back to allow the household member to step forward and take the pills. Effort should be made by the drug distributor not to touch the tablets or bowl.
- Water to take medicine should be provided by the household.
- Children can be assisted by an adult household member and should be advised to chew tablets if needed. They should NEVER force a child to take the medicine and should NOT hold the child's head and neck back, nor pinch the child's nose. These can cause choking, which can result in death.
- Assign one drug distributor to hold the dose pole and ensure that household members do not touch it. If a household member does touch it, the drug distributor should disinfect the dose pole.

3.2.3 Treatment of Children Unable to Swallow Tablets

- The distributor will call out the child by name and request the mother or any other adult familiar with the child to support them as they stand against the dose pole. Household members should not touch the dose pole.
- The household adult can read out the number on dose pole at the top of the child's head, or the drug distributor can observe it from 2 meters away.
- The distributor will measure out the syrup and instruct the mother (or other adult) on how this is to be administered, then step back 2 meters.
• The mother (or other adult) steps forward and helps the child drink the syrup (without forcing the child, to prevent choking, which can result in death).
• Each child should have his/her own disposable syrup cup.
• Record as usual.

### Exhibit 1. Household MDA with COVID-19 precautions

- **Household provides handwashing area and drinking water.**
- **Footprints indicate movement by participant or CDD while maintaining 2-meter distance from each other.**

Participants wait to be treated; no distance required as they are members of the same household. Young children should be supervised by others.

### 3.3 School Based MDA

School-based MDA should only be conducted if schools are already open and have established protocols for managing COVID-19 in place (also refer to Exhibit 2).

#### Minimum additional materials

- Handwashing water provided by school (where this is not feasible, carry hand sanitizer [60%-80% alcohol])
- Soap
- Disinfectant for wiping surfaces (use sodium hypochlorite at 0.1%/1000 ppm)
- Drinking water for taking medicines and drinking cups (both preferably provided by children/school)
- Clean plate/bowl/paper provided by school (for placing medication)
- Dose poles (these can be marked at 2 meters and used to measure distances, too)
- Chalk (for marking heights)
- Disposable syrup cups for children when applicable
- Masks
- Checklist for COVID-19 symptoms
- Plan, supplies, and containers for handling any disposable items
**Process/procedures**

These are written assuming teachers are managing MDA activities in classrooms. This limits the risk of infection by limiting exposure with new points of contact.

### 3.3.1 Standard Protocol at the Start of the Activity

- Drug distribution for each class must be handled separately. Medicine is administered by class teacher (or whichever medical personnel is approved by school administrator if not teacher) and supported by at least one other adult from within the school.
- Schools may consider taking classes outdoors in sequence for distribution.
- The teacher should introduce the activity. In addition to routine messages given on NTDs, they should explain the COVID-19 safety precautionary measures that should be followed, including:
  - How things will be set up so that social distance is maintained between the children and teachers. See [Exhibit 2](#) for an example of a possible set-up.
- Mark the dosage heights on a classroom wall with chalk, using a dose pole as a guide.
- If schools require mask usage, all children and teachers should wear them.

### 3.3.2 Treating Children

- Before distribution, everyone must wash or sanitize their hands. The teacher should allow pupils to move one by one to the handwashing point after their name has been called out to ensure physical distancing. All children must be asked to wash their hands for at least 20 seconds. If this is not possible, use hand sanitizer (60%-80% alcohol). (See [Exhibit 2](#) for possible set up).
  - Each student should be called up one by one to avoid crowding at the measurement and medicine tables.
- The child should stand against the pre-drawn chalk marks to determine height, maintaining a 2-meter distance.
- The teacher should administer the medication and record the tablets/MLs taken in the register.
- Try to maintain physical distance when dispensing medication. The student can place a clean bowl/plate/paper on a table or chair between themselves and the teacher, then step back 2 meters. The teacher then steps forward and drops the tablets in the bowl/plate/paper. The teacher then steps back to allow the student to step forward and take the pills. Effort should be made by the teacher not to touch the tablets or bowl.
- For drinking water, the child should be allowed to touch the water dispensing tap only after they have washed their hands with soap. Each child should be encouraged to bring their own container/cup for drinking water provided by the school or brought from home. It may be necessary to have disposable cups as back-up.
- If a dose pole is used, wash or disinfect the dose pole between classes.
3.4 Fixed-point Community MDA

Fixed-point (also known as static-point) MDA requires more crowd management than household MDA and poses a greater risk of infection. Therefore, feasibility of household MDA activities should be considered first.

**Minimum additional materials**

- Hand sanitizer (60%–80% alcohol) or hand washing water and soap
- Disinfectant for wiping surfaces (use sodium hypochlorite at 0.1%/1000 ppm)
- Drinking water and disposable cups
- Dose poles
- Small clean pieces of paper on which to lay the medicine
- Spoons to distribute medicine
- Disposable syrup cups for children
- Station signs
- Chalk or tape
- Masks
- Dustbins
- Checklist for COVID-19 symptoms
- COVID-19 educational materials (e.g., posters) that have been made available for use by health ministries (see Appendix C)
3.4.1 Standard Protocol at the Start of the Activity

- Set up the distribution point with clear marks and signs to include the following (see Exhibit 3 below):
  - Waiting area – may need to be set up in school playground or local administration compound
  - Hand washing or sanitizing station
  - Height measurement and treatment area, with dose pole set up so that it does not need to be held/touched
  - Treatment observation station with water provided may be separate or included in above.
- Ensure that there are masks available for all persons supporting the MDA distribution, and if needed, for the community too, as well as a way to properly dispose of used masks.
- Assign each station a station manager whose role it is to call people to come forward, to ensure that the maximum number of people allowed at a station is not exceeded, and to ensure distance is maintained. Each station should have floors marked (using chalk or tape) at 2-meter intervals (see Exhibit 3).
- Post signs at the entrance to provide information on COVID-19 and on what to expect during drug distribution.

Exhibit 3. MDA at a fixed-point, with infection-control precautions

3.4.2 Administering Medication

- Megaphones should be used to explain to the people the COVID-19 precautionary measures that will be taken.
- Station managers will call people to come forward. If people are in family groups, they can stay together. Station managers will ensure that the maximum number of people allowed at each station is adhered to and that distance between family groups is maintained. If overcrowding occurs, the station manager may need to designate an overflow area or ask that people come back another time.
• At the hand washing station, the station manager should ensure everyone washes their hands with soap and water for at least 20 seconds or uses hand sanitizer (60%–80% alcohol).

• The drug distributor must wash hands or use hand sanitizer between every household group seen.

• At the height measurement and treatment station, if height measurements are taken with dose poles, these should be placed so that they do not need to be held or touched. Then, the person stands with their back to the pole and the number of tablets needed is recorded from a distance of 2 meters.

• Try to maintain 2 meters of distance when dispensing medication.
  › For adults: The distributor should have a clean piece of paper laid out on the table that stands between them and household members. Once dosage is known, the distributor steps forward and drops the tablets on the paper. (S)he then steps back to allow the household member to step forward and take the pills. Effort should be made by the drug distributor not to touch the tablets, and paper should be changed between each household group.
  › For children: The child can be assisted by an adult household member and should be advised to chew tablets if needed. Assisting adults should NEVER force a child to take the medicine and should NOT hold the child's head and neck back, nor pinch the child's nose. These can cause choking, which can result in death.
  › For children: The distributor will measure out the syrup / tablets and instruct the mother (or other adult) on how this is to be administered, then steps back 2 meters. The mother (or other adult) helps the child drink the medicine (without using force).

• Drinking water should be available to the participants. Participants can be asked to bring their own cups and water. Disposable cups and water can be provided as back-up. A dustbin should also be available for disposing of the used cups.

• A plan for disposal of waste should be followed at the end of each day, and all items should be wiped down with disinfectant (use sodium hypochlorite at 0.1%/1000 ppm).

3.5 Infection Control During Data Compilation

Using paper forms

• Medicine distributors should sit 2 meters apart in small groups of less than 10 people to support each other in transferring data from the register to the summary forms. All attendees should be wearing masks. They should select a leader amongst themselves who will deliver the data to the supervisor.

• Medicine distributors should ensure they wash their hands with water and soap before and after touching the registers, tally sheets, and pens.

• Pens can be disinfected by using the disinfectant (use sodium hypochlorite at 0.1%/1000 ppm) prepared for disinfecting dose poles by pouring a small amount on a cloth/disposable paper towel and rubbing the outer part of the pen and avoiding the nib. Individuals should use their own pens whenever possible.

• Instead of wetting fingers with mouth to flip pages, a water-soaked cloth should be used.

• Supervisors also need to wash their hands with water and soap or hand sanitizer before and after they receive the summary sheets from the village, and before and after summarizing the data into the subdistrict forms.

• The same procedure should be followed during data transfer from the subdistrict to the next levels.

Using electronic data capture

• Hand washing with water and soap should be done before and after touching the data collection tablets.

• Sharing of the tablet should be minimized as much as possible. When tablets are shared, data collectors should wipe it with disinfectant before handing it over to the next person.
4.1 Infection-Control Measures Related to Supervisors

- Have supervisors follow the same infection-control measures as distributors (see section 3.2 above).
- As much as possible, delegate in-person MDA supervision to local supervisors. If other supervisors must be brought in (i.e., from district or national level), they should not come from areas with higher COVID-19 infection rates than the area being treated.

4.2 Ensuring COVID-19 SOPs Are Being Followed

- Have supervisors ensure that SOPs related to COVID-19 are being followed. See Appendix B for items that can be added to a supervision checklist.
  - If supervisors observe something that is not correct, have them provide immediate feedback to the drug distributors so that the issue can be corrected.
  - Summarize issues being addressed as part of regular feedback to their program manager during the MDA, highlighting any high-priority concerns for national/regional/district-level staff.

4.3 Monitoring COVID-19 Cases

- Team supervisors should work with local health authorities to receive reports on reported community COVID-19 cases and should provide updates to NTD program managers.
  - Receive daily reports on numbers of COVID-19 cases in the activity area while the team is working.
  - If increases are seen, the program manager will need to coordinate with the COVID-19 task force to decide whether the team needs to withdraw.
  - Consider testing staff for COVID-19 as soon as they return from the field.
  - Record and document reported community cases for 2 weeks after the team has left.

4.4 Virtual Supervision

- To minimize risk, consider keeping the number of persons traveling to the field to a minimum. Some supervision (i.e., at district and national levels) may be done virtually. Virtual supervision methods include the following:
  - Use group chat applications such as WhatsApp during distribution to share observations and advice during MDA activities between drug distributors and supervisors.
  - Have active MDA staff share photos and videos (of ongoing training and fieldwork) taken with their phones. Supervisors can check for adherence to correct mask wearing and physical distancing.
  - Call MDA team supervisors frequently (e.g., daily) to check on progress, to assess whether SOPs are being followed and to discuss any issues that arose that day. Supervisors should follow up as needed.
  - When electronic data capture methods are used, have remote supervisors check data daily and call teams if they note inconsistencies.

Communications after the MDA

- Hold feedback sessions between community leaders and supervisors – keep group numbers small, maintain safe distancing, meet outside where possible, and ensure use of cloth masks. Feedback sessions should be held as frequently as drug distributor bandwidth allows.
- Listen to the participants’ comments and opinions about the MDA; commend them for their active participation.
- Emphasize the need for continual adherence of COVID-19 precautions.
- Discuss and agree on follow-up actions.
As the whole world looks to adapt MDAs to the new COVID-19 environment, programs should prioritize the rapid sharing of key lessons learned and recommendations.

In addition to the immediate sharing of information that allows real-time changes to be made DURING MDA (see supervision section above), it will be helpful to document and share more widely lessons learned (see Appendix E). Below are a few ways that this can be done.

- **Post-MDA review meetings.**
  - These are usually held after MDA activities and could be adapted to include capturing COVID-19-related learning. What worked well? What new challenges arose? How were these managed? How did costs differ compared to pre-COVID-19 operations? Notes taken during the meeting should be included in post-MDA reports and made available for future learning and adapting exercises.
  - These may be held virtually. If in person, the same infection control measures outlined under training section above should be followed.

- **Supervisor reports.**
  - Supervisors could consider submit a short end-of-MDA report that includes observations and lessons learned on operating under COVID-19, including during meetings with leaders, planning, training, MDA, and post-MDA activities. Observations can include documenting the changes made as well as any challenges faced, solutions found, and recommendations made. See Appendix D for an example form that can be used or modified.
  - Completed forms can be summarized and synthesized at district and again at regional/national levels with key learnings and recommendations for planning and future activities shared in post-MDA review and other meetings and saved for future access.

- **Program-level synthesis and sharing of learning.** National programs will want to synthesize, document, and share lessons learned. Some examples are:
  - Quick sharing of photos and stories (e.g., via Twitter, Instagram, on websites, and in blogs) from the field that illustrate adaptations being made.
  - Post-MDA reports that include a section on learning from COVID-19. Under this section, material documented in supervisors' reports, post-MDA review meetings, and from other sources can be brought together and summarized.
  - Reports at district and/or national levels should include recommendations for future SOPs, training, planning, etc.
  - Materials from reports can be further shared in review and other meetings, group chats, blogs, tweets, publications, etc.

If you have any feedback on this document or recommendations for future versions, please email acteast@rti.org.
# MDA Training Checklist During COVID-19

<table>
<thead>
<tr>
<th>Pre-training Checklist</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the venue large enough to accommodate the intended number of participants with 2m between?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are seats, benches, or desks arranged 2m apart?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the venue well ventilated? Are windows and doors functioning well and are open?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the venue marked to limit access of unauthorized personnel?</td>
<td></td>
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</tr>
<tr>
<td>5. Is the venue cleaned and disinfected with standard cleaning solutions and disinfectants before participants arrive?</td>
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<td></td>
</tr>
<tr>
<td>6. Is shared bathroom cleaned and disinfected at the beginning of the day and again at midday?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is there a washing area set up and equipped with adequate supply of water and soap at the beginning of the training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is there a focal person assigned to monitor all hygiene and sanitation supplies and activities during the event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is adequate alcohol-based sanitizer available in areas where water is scare?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is every attendee wearing a medical mask? Is the mask worn properly (covering nose and chin)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is there a focal point assigned to manage screening? Do they have a COVID-19 signs and symptoms checklist available to them (see Box 1)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is every participant screened for signs and symptoms of COVID-19 using a checklist (see Box 1) before entering the venue?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## MDA Training Checklists During COVID-19

<table>
<thead>
<tr>
<th>Post-training Checklist</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Was the venue cleaned and disinfected with standard cleaning and disinfectants at the end of the day?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2 Was the shared bathroom cleaned and disinfected at the beginning and end of the day?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3 Were all materials and equipment disinfected after each use?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4 Did participants wash their hands with soap or use hand sanitizer properly as they exited and returned to the venue for any reason and/or before and after meals?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5 Were disposable medical masks properly disposed of in the dustbin after the training?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6 Did any participant develop signs and symptoms of COVID-19 during training?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7 If any participant developed COVID-19 symptoms during training, were they managed according to local guidelines?</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B. COVID-19 Precaution Adherence Checklist

- This check list should be use by the focal person appointed to monitor compliance with risk mitigation measures by drug distributors and participants.
- Refer to this checklist any time they observe behavior not in line with guidance and take measures to tactfully correct. This could be with a simple gesture, e.g., to the distributor to pull up their mask or politely asking household member to stand back or asking parents if they could help keep children away.

**Checklist for COVID-19 precaution adherence**

- Are the drug distributors wearing medical masks correctly during the MDA? Are participants wearing masks correctly in accordance to guidance?
- Are the drug distributors and participants washing or sanitizing hands on arrival at the MDA site?
- Are drug distributors conducting MDA outdoors?
- Are drug distributors members informing the participants about COVID-19 precautions?
- Are drug distributors and participants observing a 2-meter physical distancing?
- Are drug distributors asking participants about COVID-19 signs and symptoms before the MDA?
- Are the drug distributors washing their hands after providing drugs to each participant?
Appendix C. Example Communication Materials

Guide on How to Clean Hands with Sanitizer or Soap and Water

These examples of hand-cleaning guidance can be replaced with material developed for a specific country.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;
1b. Rub hands palm to palm;
2. Right palm over left dorsum with interlaced fingers and vice versa;
3. Palm to palm with fingers interlaced;
4. Backs of fingers to opposing palms with fingers interlocked;
5. Rotational rubbing of left thumb clasped in right palm and vice versa;
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
7. Once dry, your hands are safe.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their input and participation in developing this material.

Guide on How to Wear a Mask

This example of mask-wearing guidance from the World Health Organization (WHO) can be replaced with material developed for a specific country.

Appendix D. Supervision Checklists

An additional checklist should be used during the COVID-19 pandemic. This checklist should be distributed to all supervisors before MDA restart. The checklist is meant to be used during the fieldwork so supervisors can identify errors in the procedure while they are happening and correct them in real time.

**Daily MDA Supervision Checklist for COVID-19**

- Supervisors should complete this checklist daily before the MDA teams depart for fieldwork.

<table>
<thead>
<tr>
<th>Daily MDA Supervision Checklist for COVID-19</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   Is there any member of MDA team (drug distributors, supervisor) with signs and symptoms of COVID-19?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, what actions have you taken?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2   Do all MDA team members have sufficient supplies and equipment?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3   Are there any extenuating COVID-19 issues that require the MDA activities to be stopped?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, list below and communicate with the MDA coordinator immediately.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fieldwork MDA Supervision Checklist for COVID-19

- Supervisors should complete this checklist periodically throughout the MDA (e.g., after treating 5-10 households per village, after every tenth school child treated, etc.).
- The checklist is based on observations and required checks that the supervisor is required to complete during the household visit.
- The checklist can also be developed for electronic data capture using the software development kit system.

<table>
<thead>
<tr>
<th>Daily MDA Supervision Checklist for COVID-19</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-MDA drug distributor check-in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Have all drug distributors received training on COVID-19?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. Are drug distributors being screened for illness? If a drug distributor presents with symptoms or has had recent COVID-19 exposure, are they being sent home?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Are there any extenuating COVID-19 issues that require the MDA activities to be stopped?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td><strong>Observation at household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is treatment being conducted outside?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. Are drug distributors wearing medical masks at all times?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Is 2 meters distance maintained between household members and drug distributors at all times?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4. Are drug distributors washing their hands thoroughly on entry and leaving?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5. Are drug distributors and household members of the same family or kinship group?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6. Is appropriate communication being given to household members on entry, including information on COVID-19 safety precautionary measures and how those will be applied during this visit?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7. Is a clean and dry plate being provided for the family members for handling drugs?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8. Are the drug distributors avoiding touching the tablets with their hands?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9. Are there any recommendations that you are advising the drug distributors on based on your observations?</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

If yes, please summarize recommendations.
Practical Approaches to Implementing WHO Guidance for Neglected Tropical Disease Programs in the Context of COVID-19: Mass Drug Administration

Daily MDA Supervision Checklist for COVID-19

<table>
<thead>
<tr>
<th></th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10</strong></td>
<td>Are there any concerning rumors or misinformation circulating in the community that you need to share with the MDA program manager?</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>Are there any important concerns that you need to share with the MDA Program Manager based on your observations?</td>
<td>✔️</td>
</tr>
</tbody>
</table>

If yes, please summarize concerns.

Appendix E. Documenting Learning

At the end of the MDA, the drug distributors and supervisors should consider doing a debriefing session to document lessons learned from the activity. Discuss and document “What went well” and “What did not go well.” Using a template like the one below, document key recommendations to improve MDA activity in the future.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>What Went Well</th>
<th>What Did Not Go Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-MDA (including planning and training)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During MDA implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-MDA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide your top 1–2 recommendations for future activities